

ISSUE FEE TRANSMITTAL

This form is provided in lieu of a formal transmittal and should be used for transmitting the Issue Fee. Sections 1A through 4 must be completed as appropriate.

INVENTOR(S) ADDRESS CHANGE | SC/SERIAL NO.

INVENTOR'S NAME

1000
Street Address

City, State and Zip Code

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

Check if additional changes are on reverse side.

MAILING INSTRUCTIONS

All further correspondence including the Issue Fee Receipt, the Patent, and advanced orders will be mailed to the addressee entered in section 1 on PTOL-85c, unless you direct otherwise by specifying the appropriate name and address in 1A below. (Note: See box 5 below for correspondence concerning maintenance fee payments.)

2A. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified below.

(Signature of party in interest of record)

(Date)

Donald Brown (Reg. No. 20845) 4/4/88

Note: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

	SC/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
	06/756,025	07/17/85	015	TURNIPSEED, J	129 01/05/88
First Named Applicant	SWARINGEN, P			ROY A.	JR.

TITLE OF INVENTION NOVEL COMPOUNDS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
35513	514-300.000	F91	UTILITY	NO	\$560.00	04/05/88

A. Further correspondence to be mailed to the following:

Donald Brown, Esq.
Dike, Bronstein, Roberts, Cushman & Pfund
130 Water Street
Boston, MA 02109

2B. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Donald Brown
560.00 15.00 CK
3 1501

DO NOT USE THIS SPACE

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1. **ASSIGNMENT DATA** (print or type) ATTENTION IS DIRECTED TO 37 C.F.R. 1.334

(1) This application is NOT assigned.
 (2) Assignment previously submitted to the Patent and Trademark Office.
 (3) Assignment submitted herewith.

For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334).

(1) NAME OF ASSIGNEE: General Hospital
BURROUGHS WELLCOME CO. and 2) Corporation

(2) ADDRESS: (City & State or Country)
RESEARCH TRIANGLE PARK NC 27701 Boston, MA

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION:

4. The following fees are enclosed: Issue Fee
 Advanced order Assignment recording
 The following fees should be charged to:
 deposit acct. no. (PTOL-85c or additional copy of PTOL-85b must be enclosed)
 Issue fee Advanced order Assignment recording
 Number of advanced order copies requested
 10
 (must be for 10 or more copies)

5. All correspondence relating to maintenance fees will be addressed to the correspondence address unless a separate "Fee Address" is provided to the Patent and Trademark Office (37 CFR 1.363). A "Fee Address" may be submitted by the owner of record with the payment of the issue fee or thereafter by using form PTO-1537.

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TRANSMIT THIS FORM WITH FEE